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26541 7590 10/20/2008

Cindy S. Kaplan
P.O. BOX 2448
SARATOGA, CA 95070

01/15/2009 EEKUBAY2 00000020 10066069

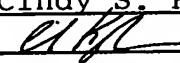
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Cindy S. Kaplan	(Depositor's name)
	(Signature)
January 12, 2009	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/066,069	01/31/2002	Liqin Dong	CISCP744	2503

TITLE OF INVENTION: METHOD AND SYSTEM FOR DEFINING HARDWARE ROUTING PATHS FOR NETWORKS HAVING IP AND MPLS PATHS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$0	\$0	\$1510	01/20/2009

EXAMINER	ART UNIT	CLASS-SUBCLASS
NG, CHRISTINE Y	2416	370-252000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	1 Cindy Kaplan 2 _____ 3 _____
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

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(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Cisco Technology, Inc.

San Jose, California

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

- Issue Fee
- Publication Fee (No small entity discount permitted)
- Advance Order - # of Copies _____

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- Payment by credit card. Form PTO-2038 is attached.
- The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-1652 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
- b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature _____

Date January 12, 2009

Typed or printed name Cindy S. Kaplan

Registration No. 40,043

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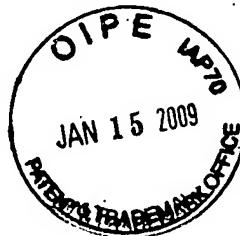
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EXAMINER	ART UNIT	CLASS-SUBCLASS
NG, CHRISTINE Y	2416	370-252000

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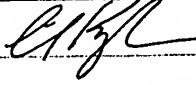
San Jose, California

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted: <input checked="" type="checkbox"/> Issue Fee <input type="checkbox"/> Publication Fee (No small entity discount permitted) <input type="checkbox"/> Advance Order - # of Copies _____	4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) <input checked="" type="checkbox"/> A check is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input checked="" type="checkbox"/> The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number <u>50-1652</u> (enclose an extra copy of this form).
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Authorized Signature 
 Date January 12, 2009

Typed or printed name Cindy S. Kaplan Registration No. 40,043

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PTO/SB/21 (09-08)

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	10/066,069
Filing Date	January 31, 2002
First Named Inventor	Liqin Dong
Art Unit	2416
Examiner Name	Christine Y. Ng
Total Number of Pages in This Submission	5
	Attorney Docket Number
	CISCP744

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	Postcard
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		
The Commissioner is authorized to charge any additional fees to Deposit Account 50-1652.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Cindy S. Kaplan, Attorney at Law		
Signature			
Printed name	Cindy S. Kaplan		
Date	January 12, 2009	Reg. No.	40,043

CERTIFICATE OF TRANSMISSION/MAILING

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Signature			
Typed or printed name	Cindy S. Kaplan	Date	January 12, 2009

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